

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
INSTALLATION'S EPA I.D. NO.		CTD990672081					
I. NAME OF INSTALLATION		UNITED AIRCRAFT SYSTEMS CORP					
II. INSTALLATION MAILING ADDRESS		400 MAIN STREET				CT 06116	
III. LOCATION OF INSTALLATION		400 MAIN STREET				CT 06116	
FOR OFFICIAL USE ONLY							
COMMENTS							
C							
C							
15 16							
INSTALLATION'S EPA I.D. NUMBER							
APPROVED							
DATE RECEIVED (yr., mo., & day)							
F C T D 9 9 0 6 7 2 0 8 1 3 1							
8 1 0 0 8 1 8							
I. NAME OF INSTALLATION							
P R A T T & W H I T N E Y A I R C R A F T G R O U P M D & C P D							
II. INSTALLATION MAILING ADDRESS							
STREET OR P.O. BOX							
C							
3							
15 16							
CITY OR TOWN							
ST. ZIP CODE							
C							
4 E A S T H A R T F O R D							
C T 0 6 1 0 8							
15 16							
III. LOCATION OF INSTALLATION							
STREET OR ROUTE NUMBER							
C							
5							
15 16							
CITY OR TOWN							
ST. ZIP CODE							
C							
6 E A S T H A R T F O R D							
C T 0 6 1 0 8							
15 16							
IV. INSTALLATION CONTACT							
NAME AND TITLE (last, first, & job title)							
PHONE NO. (area code & no.)							
C							
2 W I C K W I R E J A M E S P L A N T E N G R							
2 0 3 - 5 6 5 - 4 8 8 7							
15 16							
V. OWNERSHIP							
A. NAME OF INSTALLATION'S LEGAL OWNER							
C							
8 U N I T E D T E C H N C O R P P R A T T & W H I T N E Y A I R G R							
15 16							
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)							
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))							
F = FEDERAL M = NON-FEDERAL							
M							
X A. GENERATION							
X B. TRANSPORTATION (complete item VII)							
X C. TREAT/STORE/DISPOSE							
X D. UNDERGROUND INJECTION							
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))							
A. AIR							
B. RAIL							
X C. HIGHWAY							
D. WATER							
X E. OTHER (specify): Pipeline to Colt Street Facility							
VIII. FIRST OR SUBSEQUENT NOTIFICATION							
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.							
X A. FIRST NOTIFICATION							
B. SUBSEQUENT NOTIFICATION (complete item C)							
C. INSTALLATION'S EPA I.D. NO.							
IX. DESCRIPTION OF HAZARDOUS WASTES							
Please go to the reverse of this form and provide the requested information.							

W	0	7	0	9	9	0	6	7	2	0	8	1	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 4 23 - 26	5 F 0 0 5 23 - 26	6 F 0 0 6 23 - 26
7 F 0 0 7 23 - 26	8 F 0 0 8 23 - 26	9 F 0 0 9 23 - 26	10 F 0 1 0 23 - 26	11 F 0 1 1 23 - 26	12 F 0 1 7 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 0 1 23 - 26	32 P 0 0 5 23 - 26	33 P 0 1 8 23 - 26	34 P 0 2 9 23 - 26	35 P 0 3 0 23 - 26	36 P 0 9 0 23 - 26
37 P 0 9 8 23 - 26	38 P 0 9 9 23 - 26	39 P 1 0 6 23 - 26	40 P 1 2 1 23 - 26	41 P 1 2 2 23 - 26	42 U 0 0 2 23 - 26
43 U 0 1 2 23 - 26	44 U 0 1 3 23 - 26	45 U 0 2 1 23 - 26	46 U 0 3 1 23 - 26	47 U 0 4 4 23 - 26	48 U 0 5 2 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Please purchase additional codes

WCTD990672081

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 8 23 - 26	2 * 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

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31 U 0 5 4 23 - 26	32 U 0 5 5 23 - 26	33 U 0 5 6 23 - 26	34 U 0 7 7 23 - 26	35 U 0 8 0 23 - 26	36 U 1 0 8 23 - 26
37 U 1 1 2 23 - 26	38 U 1 2 2 23 - 26	39 U 1 3 3 23 - 26	40 U 1 3 4 23 - 26	41 U 1 3 8 23 - 26	42 U 1 4 0 23 - 26
43 U 1 4 4 23 - 26	44 U 1 5 1 23 - 26	45 U 1 5 4 23 - 26	46 U 1 5 9 23 - 26	47 U 1 6 1 23 - 26	48 U 1 6 5 23 - 26

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SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

*It is possible that during the prior three months this facility has handled, or in the future this facility may handle, every hazardous waste listed pursuant to Subpart D of 40 CFR Part 261, either individually or as a mixture, and other wastes whose constituents would meet one or more of the characteristics of hazardous wastes as provided in Subpart C of 40 CFR Part 261, all of which hazardous wastes are, therefore, included herein by reference.

please punch additional codes

W	C	7	0	9	9	0	6	7	2	0	8	1	2	1
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IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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31	32	33	34	35	36
U 1 6 9	U 1 8 8	U 1 9 6	U 1 9 7	U 2 0 1	U 2 1 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 1 1	U 2 2 0	U 2 2 3	U 2 2 6	U 2 2 8	U 2 3 8
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 3 9	*				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

James M. Gerrity

NAME & OFFICIAL TITLE (type or print)

James M. Gerrity
Assistant Plant Engineer

DATE SIGNED

8/13/80

EPA Form 8700-12 (6-80) REVERSE

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